

CANCELLATION REQUEST

(**please complete in ink!**)

TAMPA THEATRE SCHOOL SHOW PRESENTATIONS SCHOOL CANCELLATION REQUEST FORM

SCHOOL: _____

CONTACT: _____

PHONE: _____

FAX: _____

FAX COMPLETED
FORM TO:
 Leah LoSchiavo
FAX: 813.274.8978
PHONE: 813.274.5508
leah@tampatheatre.org

This page is page _____ of _____ pages being faxed/mailed.

PLEASE CANCEL THE FOLLOWING RESERVATION

PERFORMANCE NAME: _____

DATE	TIME	GRADE LEVEL	# OF STUDENT TICKETS	# OF COMPED ADULT TICKETS	# OF PAID ADULT TICKETS	# OF ADA NEEDS	** # OF WH	# OF BUSES	AMOUNT DUE

THE NEW INFORMATION FOR THIS RESERVATION IS AS FOLLOWS:

DATE	TIME	GRADE LEVEL	# OF STUDENT TICKETS	# OF COMPED ADULT TICKETS	# OF PAID ADULT TICKETS	# OF ADA NEEDS	** # OF WH	# OF BUSES	AMOUNT DUE

**WH=WHEELCHAIR

***COMPLIMENTARY ADULT TICKETS are provided at a ratio of 1 PER 15 STUDENTS. ESE ratio is 1 per 3 students.

NOTE: Tampa Theatre will FAX this form back to you confirming that your cancellation request has been received & processed.

TAMPA THEATRE OFFICE USE	
DATE REC'D _____	REC'D BY _____
FAXED TO SCHOOL <input type="checkbox"/>	DATE _____

PLEASE REMEMBER: Once your ORDER FORM has been received, a seat for each of your students has been reserved. Although attrition due to absences will occur, **IT IS NOT ACCEPTABLE** to cancel an entire performance or to reduce attendance numbers by more than 10% without a **MINIMUM of three weeks notice (CANCELLATION DEADLINE)**. In the event of a cancellation or reduction in attendance greater than 40% of original reservation AFTER THE CANCELLATION DATE, **the school is responsible for 60% of the original reservation.**